Rev. 12/04 For Other Than A Small Entity



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. 174/304 Examiner <u>Anh Q. Tr</u>an Art Unit 2819

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

EXPRESS MAIL CERTIFICATION

"Express Mail" mailing label number EV 669633600 US

Date of Deposit March 10, 2006.

I hereby certify that this transmittal letter and the other papers identified in this transmittal letter as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to Mail Stop RCE, Hon. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

03/14/2006 CNGUYEN 00000054 061075 10723530 .

01 FC:1801 02 FC:1253

790.00 DA 1020.00 DA

REQUEST FOR CONTINUED EXAMINATION

Sir:

This is a request for continued examination under 37 C.F.R. § 1.114, plication No. 10/723 530 (Confirmation No. 8666) filed or

	pending prior Application No. 10/723,530 (Confirmation No. 8666), filled on
<u>von</u>	rember 24, 2003 of David Lewis for LOGIC DEVICE LOGIC MODULES HAVING IMPROVED
<u>ARI</u>	ITHMETIC CIRCUITRY.
1.	Please enter the Amendment Pursuant to 37 C.F.R. § 1.116 filed on in Application No
2.	Please consider the arguments in the Appeal Brief or Reply Brief filed on in Application No
3.	An Amendment/Reply to Final Office Action is enclosed.
4.	Affidavit(s)/Declaration(s) is/are enclosed.
5.	An Information Disclosure Statement is enclosed.
6.	A suspension of action on the above-identified patent application is requested under 37 C.F.R. § 1.103(c) for a period of months.
7.	\square A check in the amount of \S in payment of the fee under 37 C.F.R. \S 1.17(e) is enclosed.
	Please charge \$ 790.00 to Deposit Account No. 06-1075 (Order No. 099999-0099) in payment of the fee under 37 C.F.R. \$ 1.17(e). A

duplicate copy of this Request is enclosed.

9. FEE FOR ADDITIONAL CLAIMS

- [X] A fee for additional claims is not required.
- [] A fee for additional claims is required.

The additional fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest Number Previously Paid for	Pres Ext	sent	Rate	Fees
TOTAL CLAIMS	37	- 37*	=	0	x \$50	= \$ 0.00
INDEPENDENT CLAIMS	3 -	- 3**	=	0	x \$200	= \$ 0.00
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM				·	+ \$360	= \$ 0.00
* If less than 20, . ** If less than 3,					TOTAL	\$ <u>0.00</u>
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14. A check in the fee is enclose	e amount of	ir	ı paym	ent c	of the exte	ension-of-time
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required un	der 37 C.F.R. overpayment o	authorized to \$ 1.17 in confirmation of same, to Depth columns to Depth confirmation of the same of th	nnect:	ion w Acco	ith this pount No. 06	5-1075 (Order
March 10, 2006 (Date)		Polest R	_	<u>]</u>	lon	

Registration No. 26,183
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